



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2003
OF THE CONDITION AND AFFAIRS OF THE

Denticare of Arkansas, Inc.

NAIC Group Code	0019 <small>(Current Period)</small>	0019 <small>(Prior Period)</small>	NAIC Company Code	95813	Employer's ID Number	73-1274686
Organized under the Laws of	Arkansas			State of Domicile or Port of Entry	NA	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health []		Property/Casualty []		Dental Service Corporation []	
	Vision Service Corporation []		Other []		Health Maintenance Organization [X]	
	Hospital, Medical & Dental Service or Indemnity []		Is HMO, Federally Qualified? Yes [] No [X]			
Incorporated	04/04/1986		Commenced Business	11/03/1986		
Statutory Home Office	2323 Grand Boulevard <small>(Street and Number)</small>			Kansas City, MO 64108-2670 <small>(City or Town, State and Zip Code)</small>		
Main Administrative Office	2323 Grand Boulevard <small>(Street and Number)</small>			816-474-2345 <small>(Area Code) (Telephone Number)</small>		
	Kansas City, MO 64108 <small>(City or Town, State and Zip Code)</small>					
Mail Address	P.O. Box 419052 <small>(Street and Number or P.O. Box)</small>			Kansas City, MO 64141-6052 <small>(City or Town, State and Zip Code)</small>		
Primary Location of Books and Records	2323 Grand Boulevard <small>(Street and Number)</small>			651-361-4076 <small>(Area Code) (Telephone Number)</small>		
	Kansas City, MO 64108 <small>(City or Town, State and Zip Code)</small>					
Internet Website Address	N/A					
Statutory Statement Contact	Wendy Ojala <small>(Name)</small>			651-361-4076 <small>(Area Code) (Telephone Number) (Extension)</small>		
	wendy.ojala@us.fortis.com <small>(E-mail Address)</small>			651-361-5356 <small>(FAX Number)</small>		
Policyowner Relations Contact	3595 Grandview Parkway, Suite 150 <small>(Street and Number)</small>			800-443-2995 <small>(Area Code) (Telephone Number) (Extension)</small>		
	Birmingham, AL 35243-1935 <small>(City or Town, State and Zip Code)</small>					

OFFICERS

President	Michael John Peninger	Secretary	Kenneth Dale Bowen
Treasurer	Floyd Fitz-Hubert Chadee		

VICE PRESIDENTS

Floyd Fitz-Hubert Chadee	Bradley Clifford Johnson	Danny Joseph Galginaitis
Gary Louis Lau		

DIRECTORS OR TRUSTEES

Michael John Peninger	Kenneth Dale Bowen	Bradley Clifford Johnson
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State ofMissouri.....} ss
County ofJackson.....}

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Michael John Peninger President	Kenneth Dale Bowen Secretary	Floyd Fitz-Hubert Chadee Treasurer
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Subscribed and sworn to before me this
_____ day of _____ November, 2003

Connie J. Turnipseed
Notary Public
03/07/2006

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	110,530		110,530	110,656
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$12,360) and short -term investments (\$385,638)	397,998		397,998	397,636
6. Contract loans, (including \$premium notes)			0	
7. Other invested assets	0	0	0	0
8. Receivable for securities			0	0
9. Aggregate write-ins for invested assets	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	508,528	0	508,528	508,292
11. Investment income due and accrued	3,881		3,881	5,329
12. Premiums and considerations:				
12.1 Uncollected premiums and agents' balances in the course of collection			0	0
12.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$earned but unbilled premiums).....			0	
12.3 Accrued retrospective premiums.....			0	
13. Reinsurance:				
13.1 Amounts recoverable from reinsurers			0	0
13.2 Funds held by or deposited with reinsured companies			0	
13.3 Other amounts receivable under reinsurance contracts			0	
14. Amounts receivable relating to uninsured plans			0	0
15.1 Current federal and foreign income tax recoverable and interest thereon	1,147		1,147	7,762
15.2 Net deferred tax asset.....			0	0
16. Guaranty funds receivable or on deposit			0	
17. Electronic data processing equipment and software			0	0
18. Furniture and equipment, including health care delivery assets (\$)			0	0
19. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
20. Receivables from parent, subsidiaries and affiliates	4,176	4,176	0	0
21. Health care (\$) and other amounts receivable.....			0	0
22. Other assets nonadmitted			0	0
23. Aggregate write-ins for other than invested assets	31	0	31	13
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23).....	517,763	4,176	513,587	521,396
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
26. Total (Lines 24 and 25)	517,763	4,176	513,587	521,396
DETAILS OF WRITE-INS				
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	0	0
2301. Premium Tax Receivable.....	31		31	13
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	31	0	31	13

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)			0	2
2. Accrued medical incentive pool and bonus payments			0	0
3. Unpaid claims adjustment expenses			0	0
4. Aggregate health policy reserves			0	0
5. Aggregate life policy reserves			0	
6. Property/casualty unearned premium reserve			0	
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued			0	0
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	0
10.2 Net deferred tax liability.....	2,181		2,181	0
11. Ceded reinsurance premiums payable			0	
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates			0	7,687
16. Payable for securities			0	0
17. Funds held under reinsurance treaties with (\$ authorized reinsurers and \$unauthorized reinsurers)			0	0
18. Reinsurance in unauthorized companies			0	0
19. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
20. Liability for amounts held under uninsured accident and health plans			0	0
21. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
22. Total liabilities (Lines 1 to 21).....	2,181	0	2,181	7,689
23. Common capital stock	XXX	XXX	1,000	1,000
24. Preferred capital stock	XXX	XXX		0
25. Gross paid in and contributed surplus	XXX	XXX	50,000	50,000
26. Surplus notes	XXX	XXX		0
27. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
28. Unassigned funds (surplus)	XXX	XXX	460,406	462,707
29. Less treasury stock, at cost:				
29.1 shares common (value included in Line 23) \$)	XXX	XXX		0
29.2 shares preferred (value included in Line 24) \$)	XXX	XXX		0
30. Total capital and surplus (Lines 23 to 28 minus Line 29)	XXX	XXX	511,406	513,707
31. Total liabilities, capital and surplus (Lines 22 and 30)	XXX	XXX	513,587	521,396
DETAILS OF WRITE-INS				
2101.				
2102.				
2103.				
2198. Summary of remaining write-ins for Line 21 from overflow page	0	0	0	0
2199. Totals (Lines 2101 thru 2103 plus 2198) (Line 21 above)	0	0	0	0
2701.	XXX	XXX		
2702.	XXX	XXX		
2703.	XXX	XXX		
2798. Summary of remaining write-ins for Line 27 from overflow page	XXX	XXX	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year To Date
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	0	10,886
2. Net premium income (including non-health premium income).....	XXX		81,221
3. Change in unearned premium reserves and reserve for rate credits	XXX		1,962
4. Fee-for-service (net of \$ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	0	83,183
Hospital and Medical:			
9. Hospital/medical benefits			0
10. Other professional services		328	31,851
11. Outside referrals			0
12. Emergency room and out-of-area			0
13. Prescription drugs			0
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool and withhold adjustments			0
16. Subtotal (Lines 9 to 15)	0	328	31,851
Less:			
17. Net reinsurance recoveries			0
18. Total hospital and medical (Lines 16 minus 17)	0	328	31,851
19. Non-health claims			
20. Claims adjustment expenses			0
21. General administrative expenses.....		5,445	20,751
22. Increase in reserves for life and accident and health contracts including \$ increase in reserves for life only).....			0
23. Total underwriting deductions (Lines 18 through 22)	0	5,773	52,602
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(5,773)	30,581
25. Net investment income earned		8,916	8,843
26. Net realized capital gains or (losses)			0
27. Net investment gains or (losses) (Lines 25 plus 26)	0	8,916	8,843
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			0
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	3,143	39,424
31. Federal and foreign income taxes incurred	XXX	(925)	11,800
32. Net income (loss) (Lines 30 minus 31)	XXX	4,068	27,624
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	0	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	0	0

CAPITAL AND SURPLUS ACCOUNT

	1 Current Year to Date	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT:		
33. Capital and surplus prior reporting period	513,707	470,767
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
34. Net income or (loss) from Line 32	4,068	39,599
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Net unrealized capital gains and losses		0
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax	(2,194)	(2,141)
39. Change in nonadmitted assets	(4,175)	5,482
40. Change in unauthorized reinsurance	0	0
41. Change in treasury stock		0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in		0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in		0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital & surplus (Lines 34 to 47)	(2,301)	42,940
49. Capital and surplus end of reporting period (Line 33 plus 48)	511,406	513,707
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance.....	(713)	76,825
2. Net investment income	10,490	12,258
3. Miscellaneous income	0	0
4. Total (Lines 1 to 3)	9,777	89,083
5. Benefits and loss related payments	330	36,189
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions	5,445	30,120
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) \$ net tax on capital gains (losses)	(7,540)	15,794
10. Total (Lines 5 through 9)	(1,765)	82,103
11. Net cash from operations (Line 4 minus Line 10)	11,542	6,980
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	0
12.2 Stocks	0	750,056
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	750,056
13. Cost of investments acquired (long-term only):		
13.1 Bonds	0	0
13.2 Stocks	0	750,056
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	750,056
14. Net increase (or decrease) in policy loans and premium notes	0	
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	0
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	
16.2 Capital and paid in surplus, less treasury stock.....	0	
16.3 Borrowed funds received.....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied).....	(11,180)	13,118
17. Net cash from financing and miscellaneous sources (Line 16.1 to Line 16.4 minus Line 16.5 plus Line 16.6)	(11,180)	13,118
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
18. Net change in cash and short-term investments (Line 11 plus Line 15 plus Line 17)	362	20,098
19. Cash and short-term investments:		
19.1 Beginning of period	397,636	377,538
19.2 End of period (Line 18 plus Line 19.1).....	397,998	397,636

STATEMENT AS OF SEPTEMBER 30, 2003 OF THE DENTICARE OF ARKANSAS, Inc

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	0	0	0	0	0	0	0	0	0				0
2. First Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0					0							
5. Current Year	0												
6. Current Year Member Months	0					0							
Total Member Ambulatory Encounters for Period:													
7. Physician	0												
8. Non-Physician	0												
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0												
11. Number of Inpatient Admissions	0												
12. Health Premiums Collected	(713)					(713)							
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	(713)					(713)							
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	330					330							
18. Amount Incurred for Provision of Health Care Services	328					328							

CLAIMS PAYABLE (Reported and Unreported)

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
<div>NONE</div>						
0199999 Individually Listed Claims Payable						
0299999 Aggregate Accounts Not Individually Listed-Uncovered						
0399999 Aggregate Accounts Not Individually Listed-Covered						
0499999 Subtotals						
0599999 Unreported Claims and Other Claim Reserves	XXX	XXX	XXX	XXX	XXX	
0699999 Total Amounts Withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total Claims Payable	XXX	XXX	XXX	XXX	XXX	
0899999 Accrued Medical Incentive Pool	XXX	XXX	XXX	XXX	XXX	

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) .....					.0	.0
2. Medicare Supplement .....					.0	.0
3. Dental Only	330				330	.2
4. Vision Only .....					.0	.0
5. Federal Employees Health Benefits Plan Premiums .....					.0	.0
6. Title XVIII - Medicare .....					.0	.0
7. Title XIX - Medicaid .....					.0	.0
8. Other Health .....					.0	.0
9. Health Subtotal (Lines 1 to 8).....	330	.0	.0	.0	330	.2
10. Other non-health .....					.0	
11. Medical incentive pools, accruals and disbursements .....					.0	.0
12. Totals	330	0	0	0	330	2

NOTES TO FINANCIAL STATEMENTS

The company did not have any wash sales during the current period.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1

Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements?

Yes ☐ No ☒
- 1.2

If yes, explain:
.....
- 2.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 2.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 3.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 3.2

If yes, date of change:
If not previously filed, furnish herewith a certified copy of the instrument as amended.
4.

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☒ No ☐

If yes, attach an explanation.
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 5.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....
.....

6.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes ☐ No ☒ NA ☐

If yes, attach an explanation.
- 7.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2000
- 7.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2000
- 7.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

04/24/2002
- 7.4

By what department or departments?
Arkansas.....
- 8.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)

Yes ☐ No ☒
- 8.2

If yes, give full information:
.....
- 9.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?.....

Yes ☐ No ☒
- 9.2

If response to 9.1 is yes, please identify the name of the bank holding company.
.....
- 9.3

Is the company affiliated with one or more banks, thrifts or securities firms?.....

Yes ☐ No ☒
- 9.4

If response to 9.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
.....
.....
.....

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

INVESTMENT

10.1 Has there been any change in the reporting entity's own preferred or common stock? Yes [] No [X]

10.2 If yes, explain:
.....

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

11.2 If yes, give full and complete information relating thereto:
.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:\$

13. Amount of real estate and mortgages held in short-term investments:\$

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

	1 Prior Year-End Statement Value	2 Current Quarter Statement Value
14.21 Bonds	\$	\$
14.22 Preferred Stock	\$	\$
14.23 Common Stock	\$	\$
14.24 Short-term Investments	\$	\$
14.25 Mortgages, Loans or Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$
14.29 Receivable from Parent not included in Lines 14.21 to 14.26 above	\$	\$

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [X]

If no, attach a description with this statement.

16. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV.H - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Marshall & Ilsley Trust Company.....	1000 North Water Street, Milwaukee, WI 53202.....
Bank of America, N. A.	200 West Capital Avenue, P.O. Box 1681, Little Rock, AR 72203.....

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

16.3 Have there been any changes, including name changes in the custodian(s) identified in 16.1 during the current quarter? Yes [] No [X]

16.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

SCHEDULE A - VERIFICATION

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	NONE	
2. Increase (decrease) by adjustment		
3. Cost of acquired		
4. Cost of additions to and permanent improvements		
5. Total profit (loss) on sales		
6. Increase (decrease) by foreign exchange adjustment		
7. Amount received on sales		
8. Book/adjusted carrying value at end of current period		
9. Total valuation allowance		
10. Subtotal (Lines 8 plus 9)		
11. Total nonadmitted amounts		
12. Statement value, current period (Page 2, real estate lines, current period)		

SCHEDULE B – VERIFICATION

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	NONE	
2. Amount loaned during period:		
2.1. Actual cost at time of acquisitions		
2.2. Additional investment made after acquisitions		
3. Accrual of discount and mortgage interest points and commitment fees		
4. Increase (decrease) by adjustment		
5. Total profit (loss) on sale		
6. Amounts paid on account or in full during the period		
7. Amortization of premium		
8. Increase (decrease) by foreign exchange adjustment		
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period		
10. Total valuation allowance		
11. Subtotal (Lines 9 plus 10)		
12. Total nonadmitted amounts		
13. Statement value of mortgages owned at end of current period		

SCHEDULE BA – VERIFICATION

Other Invested Assets Included in Schedule BA

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	NONE	
2. Cost of acquisitions during period:		
2.1. Actual cost at time of acquisitions		
2.2. Additional investment made after acquisitions		
3. Accrual of discount		
4. Increase (decrease) by adjustment		
5. Total profit (loss) on sale		
6. Amounts paid on account or in full during the period		
7. Amortization of premium		
8. Increase (decrease) by foreign exchange adjustment		
9. Book/adjusted carrying value of long-term invested assets at end of current period		
10. Total valuation allowance		
11. Subtotal (Lines 9 plus 10)		
12. Total nonadmitted amounts		
13. Statement value of long-term invested assets at end of current period		

SCHEDULE D - VERIFICATION

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	110,657	110,816
2. Cost of bonds and stocks acquired		750,056
3. Accrual of discount		
4. Increase (decrease) by adjustment		(159)
5. Increase (decrease) by foreign exchange adjustment		0
6. Total profit (loss) on disposal		0
7. Consideration for bonds and stocks disposed of		750,056
8. Amortization of premium	127	
9. Book/adjusted carrying value, current period	110,530	110,657
10. Total valuation allowance		0
11. Subtotal (Lines 9 plus 10)	110,530	110,657
12. Total nonadmitted amounts		0
13. Statement value (Lines 11 minus 12)	110,530	110,657

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1	493,732	4,651	2,172	(43)	497,706	493,732	496,168	502,933
2. Class 2 .....	.0				.0	.0	.0	.0
3. Class 3 .....	.0				.0	.0	.0	.0
4. Class 4 .....	.0				.0	.0	.0	.0
5. Class 5 .....	.0				.0	.0	.0	.0
6. Class 6	0				0	0	0	0
7. Total Bonds	493,732	4,651	2,172	(43)	497,706	493,732	496,168	502,933
PREFERRED STOCK								
8. Class 1 .....	.0				.0	.0	.0	.0
9. Class 2 .....	.0				.0	.0	.0	.0
10. Class 3 .....	.0				.0	.0	.0	.0
11. Class 4 .....	.0				.0	.0	.0	.0
12. Class 5 .....	.0				.0	.0	.0	.0
13. Class 6	0				0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	493,732	4,651	2,172	(43)	497,706	493,732	496,168	502,933

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter					
	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Amount of Interest Received Current Quarter	Paid for Accrued Interest
8099999 Totals	385,638	XXX	385,638	821	

SCHEDULE DA - PART 2- Verification

Short-Term Investments Owned		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	392,277	.0
2. Cost of short-term investments acquired	1,162,276	748,176
3. Increase (decrease) by adjustment .....		.0
4. Increase (decrease) by foreign exchange adjustment .....		.0
5. Total profit (loss) on disposal of short-term investments .....		.0
6. Consideration received on disposal of short-term investments	1,168,915	355,899
7. Book/adjusted carrying value, current period	385,638	392,277
8. Total valuation allowance .....		.0
9. Subtotal (Lines 7 plus 8)	385,638	392,277
10. Total nonadmitted amounts .....		.0
11. Statement value (Lines 9 minus 10)	385,638	392,277
12. Income collected during period	2,795	1,511
13. Income earned during period	3,272	3,223

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S

NONE

Schedule T

NONE

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

Fortis (SA/NV) and Fortis N.V.	Owns 100% of Fortis Utrecht	NETHERLANDS
Fortis Utrecht	Owns 75% of Fortis Insurance N.V.	NETHERLANDS
Fortis Bank S.A./N.V.	Owns 25% of Fortis Insurance N.V.	NETHERLANDS
Fortis Insurance N.V.	Owns 100% of Fortis, Inc.	FEI 39-1126612 - NV
Fortis, Inc.	Owns 1% of Dental Health Alliance, LLC Owns 100% of Core, Inc. Owns 100% of Dental Care Holdings, Inc. Owns 100% of First Fortis Life Insurance Company Owns 100% of Florida Office Corp. Owns 100% of Fortis Family, Inc. Owns 100% of Fortis Legacy Place, Inc. Owns 100% of Insureco, Inc. Owns 100% of Interfinacial Inc. Owns 100% of Jacksonville Apartments, Inc.	FEI 13-3830846 - DE FEI 04-2828817 - MA FEI 13-4195935 - DE FEI 13-2699219; NAIC 81477 - NY FEI 13-3896525 - DE FEI 58-2315775 - GA FEI 13-3882719 - DE FEI 33-0658229 - CA FEI 13-3036467 - GA FEI 13-3868664 -DE
Core, Inc.	Owns 100% of Disability Reinsurance Management Services, Inc. Owns 100% of SSDC, Corp.	FEI 01-0483086 - DE FEI 38-3357459 - DE
Dental Care Holdings, Inc.	Owns 100% of Denticare of Alabama, Inc. * Owns 100% of Denticare of Arkansas, Inc. Owns 100% of Denticare, Inc. (KY) Owns 100% of Denticare, Inc. (FL) Owns 100% of Fortis Benefits DentalCare of New Jersey, Inc. Owns 100% of Fortis Benefits DentalCare of Wisconsin, Inc. Owns 100% of Georgia Dental Plan, Inc. Owns 100% of International Dental Plans, Inc. Owns 100% of UDC Dental California, Inc. dba United Dental Care of California Owns 100% of UDC Ohio, Inc. Owns 100% of United Dental Care Insurance Company Owns 100% of United Dental Care of Arizona, Inc. Owns 100% of United Dental Care of Colorado, Inc. * Owns 100% of United Dental Care of Indiana, Inc. Owns 100% of United Dental Care of Michigan, Inc. Owns 100% of United Dental Care of Nebraska, Inc. Owns 100% of United Dental Care of New Mexico, Inc. Owns 100% of United Dental Care of Pennsylvania, Inc. Owns 100% of United Dental Care of Texas, Inc. Owns 100% of United Dental Care of Utah, Inc. Owns 100% of United Dental Care, Inc.	FEI 59-3063687 - AL FEI 73-1274686; NAIC 95813 - AK FEI 59-2228719; NAIC 96200 - KY FEI 59-1652450; NAIC 52016 - FL FEI 52-1565653; NAIC 11244 - NJ FEI 39-1586450; NAIC 95129 - WI FEI 58-1909945 - GA FEI 59-2327793; NAIC 52011 - FL FEI 33-0360239; NAIC 52031 - CA FEI 74-2609036; NAIC 52022 - OH FEI 86-0538651; NAIC 97870 - AZ FEI 86-0517444; NAIC 47708 - AZ FEI 86-0631335; NAIC 52032 -CO FEI 31-1307814; NAIC 52034 - IN FEI 38-2833988 - MI FEI 47-0676044; NAIC 52033 - NE FEI 86-0384270; NAIC 47042 - NM FEI 75-2635406; NAIC 47014 - PA FEI 75-2076282; NAIC 95142 - TX FEI 75-2635404; NAIC 95450 - UT FEI 63-1197769 - DE

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

United Dental Care, Inc.	Owns 100% of Denticare of Oklahoma, Inc. Owns 100% of UDC Life and Health Insurance Company Owns 100% of United Dental Care of Missouri, Inc.	FEI 73-1153844; NAIC 47023 - OK FEI 73-1394955; NAIC 65929 - OK FEI 75-2481527; NAIC 47044 - MO
Insureco, Inc.	Owns 100% of Assurant Reinsurance of Turks & Caicos, Ltd. Owns 100% of Insureco Services, Inc.	TURKS & CAICOS FEI 95-2698862 - CA
Insureco Services, Inc.	Owns 100% of Crown Valley Insurance Agency of Florida Owns 100% of Insureco Adjusters, Inc. Owns 100% of Insureco Agency & Insurance Services, Inc. (CA) Owns 100% of Insureco Agency & Insurance Services, Inc. (HI) Owns 100% of Insureco Agency & Insurance Services, Inc. (MA) Owns 100% of Insureco Agency & Insurance Services, Inc. (NV) Owns 100% of Insureco Agency & Insurance Services, Inc. (OH) Owns 100% of Insureco Agency & Insurance Services, Inc. (TX)	FEI 58-1455734 - FL FEI 95-2818626 - CA FEI 95-3097622 - CA FEI 95-3990223 - HI FEI 04-3373573 - MA FEI 88-0181942 - NV FEI 31-0161049 - OH FEI 74-2230714 - TX
Interfinancial Inc.	Owns 100% of American Security Insurance Company Owns 100% of Fortis Benefits Insurance Company Owns 100% of Fortis Insurance Company Owns 100% of John Alden Financial Corporation Owns 100% of United Family Life Insurance Company	FEI 58-1529575; NAIC 42978 - DE FEI 81-0170040; NAIC 70408 - MN FEI 39-0658730; NAIC 69477 - WI FEI 59-2840712 - DE FEI 13-3036472; NAIC 91693 - GA
American Security Insurance Company	Owns 100% of Standard Guaranty Insurance Company Owns 100% of Union Security Life Insurance Company	FEI 58-1529579; NAIC 42986 - DE FEI 58-1529581; NAIC 98884 - DE
Fortis Benefits Insurance Company	Owns 99% of Dental Health Alliance, LLC Owns 100% of Gala, Inc.	FEI 13-3830846 - DE FEI 63-1115291 - AL
John Alden Financial Corporation	Owns 100% of John Alden Life Insurance Company Owns 100% of JA Services, Inc.	FEI 41-0999752; NAIC 65080 - WI FEI 65-0040859 - DE
John Alden Life Insurance Company	Owns 100% of North Star Marketing Corporation	FEI 59-2394561 - OH
JA Services, Inc.	Owns 100% of John Alden Service Warranty Corporation Owns 100% of John Alden Service Warranty Corporation of Florida Owns 100% of John Alden Systems Company Owns 100% of NSM Sales Corporation	FEI 65-0362333 - DE FEI 65-0362330 - FL FEI 41-0946005 - MN FEI 65-0416844 - NV

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

United Family Life Insurance Company	Owns 100% of American Bankers Insurance Group Owns 100% of American Memorial Life Insurance Company	FEI 59-1985922- FL FEI 46-0260270; NAIC 67989- SD
American Memorial Life Insurance Company	Owns 100% of Rushmore National Life Insurance Company	FEI 46-0184173; NAIC 68586- SD
American Bankers Insurance Group, Inc.	Owns 100% of AB Warranty Company Owns 100% of American Bankers Dominicana, S.A. Owns 100% of American Bankers Capital, Inc. Owns 100% of American Bankers Financial Services, L.L.C. Owns 100% of American Bankers Insurance Company of Florida Owns 100% of Assurant Services Ireland, Ltd. Owns 100% of American Bankers International Division, Inc. Owns 100% of American Bankers Life Assurance Company of Florida Owns 100% of American Bankers Management Company, Inc Owns 100% of American Bankers Sales Corporation, Inc. Owns 100% of American Reliable Insurance Company Owns 100% of Assurant Group, Ltd. Owns 100% of Assurant Membership Services, Inc. Owns 100% of Assurant Services Denmark A/S Owns 100% of Bankers Atlantic Reinsurance Company Owns 100% of Dominion Automobile Association Owns 100% of Federal Warranty Service Corporation Owns 100% of Financial Exchange, Inc. Owns 100% of Guardian Investment Services, Inc. Owns 100% of International Financial Group, Inc. Owns 100% of MSDiversified Corp. Owns 100% of National Insurance Agency Owns 100% of Quail Roost Properties, Inc. Owns 100% of Roadgard Motor Club, Inc. Owns 100% of Sureway, Inc. Owns 100% of Voyager Group, Inc. Owns 100% of Voyager Life and Health Insurance Company Owns 100% of Voyager Life Insurance Company Owns 100% of Voyager Service Warranties, Inc.	FEI 65-0344416 - DE DOMINICAN REPUBLIC FEI 59-2731675 - DE FEI 38-3443906 - MI FEI 59-0593886; NAIC 10111- FL IRELAND FEI 66-0568288 - PR FEI 59-0676017; NAIC 60275 - FL FEI 65-0597010 - FL FEI 59-1967729 - FL FEI 41-0735002; NAIC 19615 - AZ UNITED KINGDOM CANADA DENMARK FEI 98-0152782 - TURKS & CAICOS CANADA FEI 36-3596362 - IL FEI 75-1391092 - TX FEI 59-2720545 - FL FEI 75-2533456 - TX FEI 64-0660045 - MS FEI 59-1357775 - FL FEI 59-1414202 - FL FEI 59-2192619 - FL FEI 59-1532747 - DE FEI 59-1236556 - FL FEI 58-1023083; NAIC 71196 - GA FEI 59-1090425; NAIC 66699 - GA FEI 59-2675787 - FL
American Bankers Insurance Company of Florida	Owns 100% of American Bankers General Agency, Inc. Owns 100% of EGC Management Corporation	FEI 74-2135158 - TX FEI ; NAIC -
American Bankers International Division, Inc.	Owns 1% of Assurant Services Brasil, Limitada Owns 1% of Assurant Seguradora S.A. Owns 74% of Caribbean American Property Insurance Company Owns 100% of ABIG Holding de Espana, S.L. Owns 100% of Caribbean American Insurance Agency Company Owns 100% of Caribbean American Life Assurance Company	BRASIL BRASIL FEI 66-0481184; NAIC 30590 - PR SPAIN FEI 66-0520042 - PR FEI 66-0448783; NAIC 73156 - PR
ABIG Holding de Espana, S.L.		

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

	Owns 99% of American Bankers Argentina Compania de Seguros, S.A. Owns 99% of Assurant Seguradora S.A. Owns 99% of Assurant Services Brasil, Limitada	ARGENTINA BRASIL BRASIL
American Bankers Management Company, Inc.	Owns 100% of Consumer Assist Network Association, Inc.	FEI 65-0597011 - DE
Assurant Group LTD	Owns 100% of Bankers Insurance Company, Ltd. Owns 100% of Bankers Life Assurance Company, Ltd.	UNITED KINGDOM UNITED KINGDOM
Bankers Insurance Company, Ltd.	Owns 100% of Bankers Insurance Service Company, Limited	UNITED KINGDOM
Caribbean American Life Assurance Company	Owns 26% of Caribbean American Property Insurance Company	FEI 66-0481184; NAIC 30590 - PR
EGC Management, Inc.	Controls thru a management agreement - Specialty Lloyds Insurance Company	FEI 74-2289453; NAIC 28843 - TX
Federal Warranty Service Corporation	Owns 100% of Assurant Services Canada, Inc. (fka Federal Warranty Service)	CANADA
Financial Exchange, Inc.	Attorney in fact for: Financial Insurance Exchange	FEI 75-1391093; NAIC 18570 - TX
Guardian Investment Services, Inc.	Owns 1% of American Bankers Argentina Compania de Seguros, S.A.	ARGENTINA
International Financial Group	Owns 100% of American Association for Financial Institution Services Owns 100% of PAS Financial Group, Inc.	FEI 75-2337610 - TX FEI 75-2321226 - TX
MSDiversified Corp.	Owns 61% of MS Casualty Insurance Co. Owns 100% of MS Financial Services, Inc. Owns 100% of MS Life Insurance Company Owns 100% of MS Loan Center, Inc. Owns 100% of United Service Protection Corporation Owns 100% of United Service Protection, Inc.	FEI 64-0681628; NAIC 15008 - MS FEI 64-0779440 - MS FEI 86-0275686; NAIC 83380 - MS FEI 64-0847246 - MS FEI 64-0906751 - DE FEI 59-1794848 - FL
MS Financial Services, Inc.	Owns 100% of United Service Protection (Canada) Corporation	CANADA
MS Life Insurance Company	Owns 21% of Commerce National Insurance Co. Owns 100% of Life Insurance Company of Mississippi Owns 39% of MS Casualty Insurance Co. Owns 67% common shares / 61% of MS Diversified Life Insurance	FEI 64-0759872; NAIC 82767 - MS FEI 64-0614963; NAIC 89133 - MS FEI 64-0681628; NAIC 15008 - MS FEI 64-0740613; NAIC 78310 - MS

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

Sureway, Inc.	Owns 100% of Guardian Travel, Inc.	FEI 59-2519974 - FL
Voyager Group Inc.	Owns 100% of Voyager American Insurance Company, Ltd. Owns 100% of Voyager Indemnity Insurance Company Owns 100% of Voyager Property and Casualty Insurance Company Owns 100% of Voyager Service Programs Inc.	FEI 65-0508336 - Turks & Caicos FEI 58-1455416; NAIC 40428 - GA FEI 57-0665589; NAIC 35971 - SC FEI 59-3110220 - FL

* These co's have surrendered their "Certificates of Authority, however they have not been dissolved or merged as of 9/30/03.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing on "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory question.

RESPONSE

1. Will the SVO Compliance Certification be filed with this statement?

.....Yes.....

Explanation:

Bar Code:

OVERFLOW PAGE FOR WRITE-INS

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

